

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/088675**

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		2					
4		1					
5		1					
6		1					
7		1					
8		1					
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50							
TOTAL IND.	2		2				
TOTAL DEP.	14		10				
TOTAL CLAIMS	16		12				

51	IND.	DEP.	IND.	U.	IND.	DEP.
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Best Available Copy